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CONFIRMATION NO. 9381

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/056,807 | 01/25/2002 | 606 | 3739 | P0010412.00 | | |
| RULE | | | | | | |
| APPLICANTS Jon Ocel, New Brighton, MN; Roderich Briscoe, Rogers, MN; David Francischelli, Anoka, MN; Scott Jahns, Hudson, WI; James R. Keogh, Maplewood, MN; | | | | | | |
| ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/18/2002 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ROY DEAN GIBSON/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY MN | SHEETS DRAWINGS 9 | TOTAL CLAIMS 43 | INDEPENDENT CLAIMS 3 |
| ADDRESS Medtronic CardioVascular Mounds View Facility South 8200 Coral Sea Street N.E. Mounds View, MN 55112 UNITED STATES | | | | | | |
| TITLE Fluid-assisted electrosurgical instrument with shapeable electrode | | | | | | |
| FILING FEE RECEIVED 1696 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |